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PTO/SB/83 (05-03)

Approved for use through 11/30/2005. OMB 0651-0035

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Attorney Docket Number

REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

Application Number 09/822,261
Filing Date April 2, 2001
First Named Inventor William A. KNAUS
Art Unit 2137
Examiner Name Michael J. Pyzocha

## Commissioner for Patents P.O. Box 1450 To: Alexandria, VA 22313-1450 I hereby apply to withdraw as attorney or agent for the above identified patent application. The reasons for this request are: Application is being transferred to another attorney. This request is being made at the request of the assignee, Patient Command, Inc. 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS **Customer Number** OR Х James Remenick (Powell Goldstein LLP) Individual Name 901 New York Avenue, NW Address Third Floor City Washington State DC 20001-4413 Zip Country USA Telephone (202)347-0066 Fax (202) 624-7222 X This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number 25227 This request is enclosed in triplicate (including any attachments). Wayne Jaeschke, Jr. Registration No. 38,503 Name Signature 2B, 2005 Date Januar NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with an envelope addressed to: Commissioner for Patents P.O. Box	he U.S. Postal Service with sufficient postage as First Class Mail, in 1450, Alexandria, VA 22313-1450, on the date shown below.
Dated: 12305 Signature	(Chimin Taylor)

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

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Filing Date	April 2, 2001
First Named Inventor	William A. KNAUS
Art Unit	2137
Examiner Name	Michael J. Pyzocha
Attorney Docket Number	544362000200

To: P	Commissioner for Patents To: P.O. Box 1450 Alexandria, VA 22313-1450								
1 hereby	I hereby apply to withdraw as attorney or agent for the above identified patent application.								
		nis request are:							
Applica	tion is b	eing transferred to	another	attorney.					
This requ	uest is be	ing made at the reque	st of the as	ssignee, Patient	t Com	mand	, Inc		
1. 🔲 Т	he correst	oondence address is NO	T affected b	y this withdrawal.					
2. 🔲 C	hange the	correspondence addres	s and direct	all future corresp	onden	ce to:			
		CORR	ESPOND	ENCE ADDRE	ESS				
Cus	tomer Nur	mber							
OR	OR								
	x Firm or Individual Name James Remenick (Powell Goldstein LLP)								
Address	901 New Third Floo	York Avenue, NW							
City	Washing	iton	State	DC		~_	Zip	20001-4413	
Country									
Telephone	none (202)347-0066 Fax (202) 624-7222								
X Thi	s request	is made on behalf of mys	elf and						
	all the attorneys/agents of record,								
the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
X the attorneys/agents associated with Customer Number 25227									
This reque	This request is enclosed in triplicate (including any attachments).								
Name		C. Jaeschke, Jr. Regi							
Signature Www									
Date									
NOTE: Wi	ithdrawal is e ion date of a	fiective when approved rather the time period for response or post	an when receiv	ved. Unless there are period, the request to	at least 3 withdraw	30 days b	etwee	n approval of withd	rawal and
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Dated: 12495	Signature	(Chimin Taylor)	

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## **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT**

Application Number	09/822,261
Filing Date	April 2, 2001
First Named Inventor	William A. KNAUS
Art Unit	2137
Examiner Name	Michael J. Pyzocha
Attorney Docket Number	544362000200

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To: P	.O. Box 14	ner for Patents 450 VA 22313-1450							
l hereby	apply to	withdraw as attorney or a	gent for the	above identified	oatent :	applica	ation.		
		his request are: Deing transferred to	another	attorney.					
This requ	uest is be	ing made at the reque	st of the as	ssignee, <b>Patient</b>	Com	mand	, Inc		
1. 🗌 Т	he correst	pondence address is NO	T affected by	y this withdrawal.				<del></del>	
2. C	hange the	e correspondence addres	s and direct	all future corresp	onden	ce to:			
		CORR	ESPOND	ENCE ADDRE	ESS				
Cus	tomer Nur	mber						-1	
OR					<u> </u>				
X Firm	or idual Name	James Remenick (Po	well Golds	tein LLP)					
Address	901 New Third Floo	v York Avenue, NW or							
City	Washing	jton	State	DC			Zip	20001-4413	
Country	USA								
Telephone	(202)347-	-0066 			Fax	(202)	624	-7222	
X Thi	s request	is made on behalf of mys	elf and						
	all the atto	orneys/agents of record,							
	the attorn	eys/agents (with registrat	tion numbers	s) listed on the att	ached	paper(	(s), or	•	
X	the attorn	eys/agents associated wi	th Custome	r Number	25	227			
This reque	est is encl	ed in triplicate (includi	ng any attac	chments).					
Name	Wayne	C. Jaeschke, Jr. Regi	stration No	. 38,503				·	
Signature	W	ex			•	-			
Date	Januar	<u> </u>							
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I hereby certify that this corre	nondence is boing denocited	with he U.S. Postal Service with sufficient postage as First Class Mail, in
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(12.71.08		
Dated:	Signature	(Chimin Taylor)
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